SEMINAR PROCEEDINGS

Cape Breton Senior Seminar For Better Hearing

September 20-21, 1988

Keddy's Motor Inn
Sydney, Nova Scotia

Organized by
The Co-ordinating Council
on Deafness of Nova Scotia

Cape Breton Parent Society
For the Hearing Impaired

The Senior Citizens Secretariat

Funded by
The New Horizons Program
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The Senior Citizens Secretariat

Cape Breton Seniors Seminar For Better Hearing

SYDNEY, NOVA SCOTIA

SEPTEMBER 20-21, 1988

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CAPTION: L-R

Dr. F.R. MacKinnon, Director, Senior Citizens' Secretariat
Dr. John (Tink) Kyte, Special Speaker
Mr. D. Stuart MacLeod, Chairman of the Seminar
Mrs. Gail Kyte, wife of the Special Speaker

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FOREWORD

In the wake of the first seminar on better hearing for Nova Scotia seniors held at Saint Mary's University June 29-30, 1987, the wheels were set in motion for a second - this one to be held in Cape Breton for the benefit of the large number of hearing impaired persons in that part of the province.

The leading advocates of the Cape Breton edition of these seminars were Mrs. Selma Doucet of Westmount, and Mrs. Betty Dean of Sydney. Both are members of the Cape Breton Parents Society of Hearing Impaired, and the Coordinating Council on Deafness in Nova Scotia. Along with other members of the committee planning the first seminar in Halifax, titled Hear Ye - Hear We, Mrs. Doucet and Mrs. Dean worked very effectively to ensure the success of the conference.

Their enthusiasm sparked the organization of a strong committee and on September 20-21, 1988 the Cape Breton Seniors Seminar for Better Hearing attracted a large registration to Keddy's Motor Inn in Sydney to hear some very thought-provoking and helpful addresses, and to permit a useful discussion among delegates and the sponsors.

In format, the Cape Breton seminar resembled the one held a year earlier in Halifax.

Its objectives:

1. To involve the senior community and persons working in the field of aging in an examination and study of the nature and extent of hearing impairment as this disability affects seniors.

2. To examine ways and means of having the deaf and hard of hearing senior community more actively involved in programs of self-help through seniors' organizations, clubs and councils.

3. To examine the current level of technology and to consider how technical aids may be used to greater advantage in enhancing the well being of seniors who are deaf or who are hard of hearing.

4. To assist organizations and individuals concerned with deafness and hearing impairment, to become more visible and to achieve a great degree of public support and citizens' involvement in the promotion of improved services for deaf and hearing impaired seniors.

5. To explore ways and means of fostering and encouraging a greater awareness of the special needs of the deaf and hard of hearing by the public and private service sectors.

Mr. Stuart MacLeod of Sydney, long prominent in the efforts to improve the lifestyles of senior citizens, agreed to be chairman of the organizational committee and the conference.

Mrs. Ann MacDonald, Mrs. Nora Keefe, Mr. Sam Karrel, all of Sydney, accepted nominations as vice-chairperson, secretary and treasurer respectively. Mrs. Selma Doucet and Mr. Victor Coffin, Sydney, undertook the assignment of treasurer assistants. Mrs. Doucet, Mrs. Dean and Ms. Anne MacRae of Truro, then president of the Coordinating Council on Deafness in Nova Scotia, shared the responsibilities of organizing the program. Mrs. Dean headed up the transportation committee, while Mrs. Mary MacPherson accepted the role as entertainment chairperson.

Valerie White, Coordinator of the Senior Citizens' Secretariat of the Province of Nova Scotia, Halifax, acted as the liaison between the organizational committee and the Secretariat which, along with the New Horizons division of Health and Welfare Canada, funded the session.

As in Halifax, the Cape Breton seminar focused attention on all segments of the deaf and hearing impaired community, and invited experts from the fields of audiology, social work, nursing home administration, pensioners, organizations interested in the well being of seniors, and delegates from the deaf and hard of hearing committees to present their views.

That the conference was a success, and that relevant opinions were advanced and discussed, must surely be evidenced from the text of the addresses and the recommendations contained in the printed record of proceedings in this document.

But the final measurement will, of course, be measured more appropriately and more accurately in terms of the improvements that are made over time as a result of the recommendations adopted at the seminar.

Dr. Harold T. Shea

Senior Voluntary Liaison Officer
Senior Citizens' Secretariat

ACKNOWLEDGEMENTS

To attempt to thank every person who contributed to the outstanding success of the Cape Breton Seminar for Better Hearing would be a major task. Yet each is deserving of great credit for having nurtured an idea into reality and, as a result, to focus greater public attention toward the problems of those who are deaf or suffer from partial hearing loss.

Particular praise must go to the committee in charge of the program and arrangements. Under the chairmanship of Stuart MacLeod, and the organizational ability of Mrs. Selma Doucet and Mrs. Betty Dean, a program of great interest was devised with the cooperation of the staff of the Senior Citizens' Secretariat, New Horizons and especially the regional manager, Mr. Kevin Ryan, the Coordinating Council on Deafness in Nova Scotia, the Nova Scotia Hearing and Speech Clinic, the Royal Canadian Legion, the Action Council of Seniors of Cape Breton, the administration of Seaview Manor in Glace Bay, the Cape Breton Regional Housing Association, the clergy, the hearing aid dispensers, and the entertainers, and the staff of Alexander Graham Bell Museum in Baddeck.

We are indebted to the management of the Keddy Motor Inn for hospitality and service, the interpreters, the news media for coverage, and to The Honourable Jack MacIsaac, Chairman of the Senior Citizens' Secretariat, whose special interest and advice helped create a program of interest and benefit to the seniors.

Our thanks, too, go to Valerie White, Coordinator of the Secretariat, for her assistance in organizing the conference, and to Dr. John (Tink) Kyte, of Ottawa, our keynote speaker and Mrs. Kyte for the message of encouragement and their sincere interest in helping seniors to cope with the problems of deafness and hearing loss.

F.R. MacKinnon

Director
Senior Citizens' Secretariat
Province of Nova Scotia

OPENING REMARKS

Mr. D. Stuart MacLeod, chairman of the committee of organization, opened the seminar with a challenge to delegates and presenters to devote the next two days to finding ways to encourage those who are deaf or hearing impaired to fully participate in community affairs and, by the same token, for those of normal hearing to better understand the problems encountered because of a lack of communication.

Ms. Valerie White, Coordinator of the Senior Citizens' Secretariat, brought greetings from the Secretariat and the staff and wished every success to the seminar.

Dr. F.R. MacKinnon, Director of the Secretariat, expressed the hope the seminar would encourage improved communication between the deaf, the hearing impaired, and the community at large. It was the task of the seminar to send word to government and to society as a whole on what the seminar saw as the needs of seniors with hearing disabilities and to make recommendations for improvements to their well being.

Ms. Catherine Fuller, of the Alexander Graham Bell Museum, Baddeck, brought fraternal greetings from the staff and tendered an invitation to delegates to visit the museum to view the exhibits, particularly those relevant to Dr. Bell's experiments in the field of better hearing.

REMARKS OF THE CHAIRMAN, MR. D. STUART MacLEOD

Through the courtesy of Selma Doucet, a video of the proceedings is available and to those of you who have a VCR and wish to borrow this tape to present at a club or meeting, this service is available.

A booklet comprising the proceedings of the seminar will be prepared and forwarded to all participants when completed.

The executive would like to single out the extra assistance given by Betty Simpson and Michael Merritt representing the Royal Canadian Legion.

A word of thanks to all of our speakers and a special thanks to Kevin Ryan representing New Horizons, Health and Welfare Canada through whom this whole seminar was possible; to Keddy's Motor Inn, management and staff for their exemplary service to these proceedings.

The Cape Breton "Seniors Helping Seniors" may be back knocking at your door on some future endeavour on behalf of the senior citizens in our community and we express the hope that we would be as well assisted then as we were in the Seniors Seminar for Better Hearing.

Mr. MacLeod also introduced Dr. Donald Fewer to bring greetings.

MESSAGE FROM DONALD FEWER, DEAN OF ACADEMIC AND STUDENT SERVICES OF THE UNIVERSITY COLLEGE OF CAPE BRETON

I am pleased to represent our President, Dr. William Reid, today. Dr. Reid is out of town on university business and he has asked me to express his regrets at being unable to be present at your meeting.

The University College of Cape Breton has had a strong interest in the needs of disabled persons. In past years, it has cooperated in a study regarding the needs of the deaf, which was followed later by a seminar attended by upwards of 100 people. At this time, the Little Theatre at the university was looped in cooperation with the Telephone Pioneers of America. Through the Bell Institute, there has been a liaison with the Clinic held at St. Rita's Hospital, and there also has been an ongoing liaison with the Parents of the Deaf.

U.C.C.B. is currently engaged in a project with St. Mary's Atlantic Centre of Support for Disabled Students. A $722,000 grant for an innovations project is aimed at improving the employability of disabled people living in the Atlantic region. U.C.C.B. will have an office in Cape Breton to serve the needs of disabled persons in this region.

U.C.C.B. has appointed an individual with the direct responsibility for assisting disabled students. We, with the approval of the Nova Scotia Human Rights Commission, were the first Nova Scotian university to include on our application form a voluntary question seeking to identify disabilities, so that we could approach students in advance of registration. We are currently working on a handbook for faculty to assist them in dealing with the many situations they encounter with students having disabilities.

I mention these items to point out that U.C.C.B. has had, and continues to have, a determined interest in serving its entire constituency. While most of our students are recent high school graduates, the university has a significant number of seniors as students. We invite you to participate in our programs.

On behalf of Dr. Reid and the entire university community, I wish you fruitful deliberations and every success with your conference. Thank you very much, indeed, for including the university in your planning.

NEEDS OF AND RESOURCES FOR THE HARD OF HEARING: An Overview

CHAIRPERSON: Mr. Michael Merritt
Service Officer
Branch 19, PCL

Speaker: Mrs. Maureen Scott
Audiologist
Nova Scotia Hearing and Speech Clinic
Sydney Mines

(A summary of her remarks)

The plea for funding from senior citizens for better hearing health care seems to have fallen on "deaf" ears.

Sources for funding now available for seniors in random order are:

1. Department of Veterans' Affairs - Funding is available through this organization if the person qualifies under DVA rules. Spouses and family members also qualify in certain cases but these are determined on a case to case basis. If you feel that you qualify for DVA benefits, contact a benefit counsellor in your area to confirm this.

2. Community Services - Funding is available through different branches of Community Services when financial need can be proven. If you want to apply for this aid, it is also a good idea to talk to a counsellor to see if funds are available and you are indeed a candidate for help.

3. Workmen's Compensation Board - If you have worked in a very noisy environment even though you are retired, it is possible to make a claim through Workmen's Compensation. It would be a good idea to contact your family physician in this regard and he/she will counsel you on this approach.

4. Private donations from service clubs - Funding given through service clubs such as the Lions, Kinsmen, and Elks is generally on a first come first serve basis. Money is generally there but sometimes funds are depleted before the next fiscal year kicks into action. If this is the case, you must either try another club or wait until funds do become available.

5. The Starkey Foundation - This foundation is run by a hearing aid company. If all sources of funding have been looked into and none have panned out, then the audiologist in charge of your case may request a free hearing aid from this company for you. This fund is not used very often and I will add it is basically a last resort when all attempts at funding have failed.

This basically sums up the funding available for seniors in this area. If there are more that we are not aware of, it would be helpful if you let us know of any funding sources we have missed. This list is by no means a comprehensive one and if anyone has been left off I apologize in advance for the omission.

In conclusion, my only thought is that we put hearing aids on some key members in government so that when need is expressed it is heard. Always remember to express your needs loudly and who knows maybe one day seniors will have all the funding they need.

Following her remarks, Mrs. Scott responded to a number of questions from delegates. Her comments revealed there were three audiologists employed by the Nova Scotia Hearing and Speech Clinic in Cape Breton and that budgetary approval has recently been made for a fourth. The long waiting periods for appointments and the increasing workload suggested the staff might eventually have to be increased again.

Several delegates said they felt government needed to view this situation with greater priority and that the mobile clinic should spend more time in Cape Breton.

NEEDS OF AND RESOURCES FOR THE DEAF: AN OVERVIEW

CHAIRPERSON: Anne MacRae
Past President
Coordinating Council on Deafness in Nova Scotia

Speaker: Elizabeth Doull
A deaf Social Worker

My focus is on deaf senior citizens, most of whom have lost their hearing at birth or up to a few years later. They belong to the deaf community and prefer to use sign language to communicate with each other.

I will use "deaf", "hard of hearing" or "hearing impaired" rejecting other terms like "profoundly deaf", "deaf mute", "hearing handicapped", "deaf and dumb" in this paper. We strongly dislike those words. They are either meaningless or offensive, depending on the word. We compare them with negative words used to refer to black and other ethnic groups and to people with disabilities. Professionals including doctors, nurses, social workers, journalists, etc., tend to slap these words on us just because we use sign language, do not speak clearly, do not use speech in public, or for no reason.

It is no longer true that if you are born deaf, then you are born without a voice. Let's think of another group. Why do we not label born blind people illiterate? In other words, if you are blind at birth, then you cannot read. I can go on and on finding analogies with other groups.

The audiograms of members in the deaf community show a wide continuum of hearing loss. We even have hard of hearing people in our community. We also have deaf people who like to be involved in both hearing and deaf communities.

People argue about which of the two, deafness or blindness, is best tolerated as a loss. Helen Keller who was deaf and blind chose blindness over deafness saying that the loss of sight cut her off from the environment, but deafness cut her off from people. It, in turn, cuts us off from television, radio, lectures, meetings, educational classes, social groups, concerts, etc. We feel isolated and

inadequate in the hearing community. We have to deal with problems like impatience, ill treatment, misunderstanding, and negative attitudes. We feel "disabled" when we are in the hearing community.

However, we do not feel "disabled" within our own community where we have a common language (sign language) to communicate with ease, understanding, and fluency. We have had similar experiences of being deaf and have spent most of our growing lives in the residential school or day classes for deaf students. We share social events and play sports together. We use accessibility devices and other means to cope in the hearing community.

We feel at home the same way foreigners feel at ease in their own culture. Therefore, we do not mind being deaf within the deaf community.

Deaf senior citizens have basic needs just as their younger counterparts have. They highly value the independence of living on their own while their health is good. Some of the middle aged people of whom I inquired say they will rely on their children or relatives to look after them when they become disabled.

The biggest problem is that many services and programs offered to hearing senior citizens are not accessible to deaf senior citizens. Even though this talk is about deaf senior citizens, these services and accessibility devices would also be helpful to non-signing, hard of hearing or deafened senior citizens. Hearing aids alone are not always a solution.

Any deaf person, young or old, needs special devices to compensate for their hearing loss and also to ensure independence and security. Because of their fixed incomes, deaf senior citizens have difficulty getting accessibility devices such as: captioning decoders, portable teletypewriters (TTYs), flashing light devices, fire smoke detectors, etc. Sometimes obsolete or faulty devices have to be replaced. I will explain them later.

Forced placements of deaf senior citizens in nursing homes are possible unless a policy is made to ensure that deaf senior citizens are given the rights to be informed of all the possibilities and to decide what is best for themselves. Without such policies, the higher the number of deaf senior citizens the higher will be the incidence of forced placements into nursing homes by relatives or professionals. There will be more deaf senior citizens in the next century due to the post World War II baby boom and also due to several epidemics of rubella or german measles that caused deafness. Such forced placements will not be tolerated by deaf people.

I know of a few sad stories about deaf senior citizens. I will give you one example. One very elderly woman, after becoming a widow, was forced to move into a nursing home. She wanted to live in a nursing home where some deaf residents lived but was denied her wish. She is very lonely and has no one to communicate with in sign language. She is sitting and waiting for an end to come ...

Another concern is the forced retirement of deaf senior citizens from the workplace before they reach their retirement age. They prefer to decide for themselves whether to stay on or take advantage of the retirement package. Is it too much trouble to keep or re-train them when other hearing senior citizens get the chance?

On the last note, it is important to keep in mind that each individual, hearing, deaf or hard of hearing, has one's own unique needs, preferences, and hopes the same way hearing counterparts have.

Now, I will explain the devices and services along with problems that are involved.

A. ACCESSIBILITY DEVICES

Devices are our eyes to deal with sounds and words. They, depending on the type and brand, can cost up to 1,000 plus dollars.

1. Teletypewriters (TTYs)

TTYs look like typewriters with narrow visual display screens where you can read what is said in print. They are portable and light. Some kinds of TTYs have paper to print the messages. Future machines include those that enable a TTY user to converse with a hearing person who has no TTY.

2. Television Captioning Decoders

These decoders are special machines that allow us to see captions on programs that are captioned. Captions are similar to subtitles but are white letters on the black bars. They can be seen on the top or bottom of the TV screen.

Because of the access to the American channels (ABC, NBC, CBS, AND PBS), we have more captioned programs. A number of CBC and CTV programs are captioned and we are still working hard to get more Canadian programs like the local news, "CBC Journal", CTV's "Canada AM", etc., to be captioned. Other problems are that supposedly captioned programs are shown without captions! Think of a 12 part series of an exciting suspense and then find some parts are shown without captions! Worst if we miss the climax!

3. Flashing Light Signalling Devices

Flashing signallers can indicate different sounds like the phone or door bell ringing, smoke detector and baby cry alarms, etc. They would trigger the light to flash on and off at different rates depending on the sound.

One of the major problems facing deaf senior citizens who live in apartments is that the flashing light signals are not always hooked up to the appropriate devices. There are regular smoke detectors or fire alarms in each apartment unit as well as in the hallways. The flashing light signalling devices can only pick up the sound of a smoke detector or fire alarm in the apartment but not the sound of those installed in the hallways. The individual will not "see" that there is a fire in the building until the smoke actually enters the apartment whereas hearing residents would have heard the alarms ringing in the hallway.

4. Hearing Ear Dogs

It is a boon to have a hearing ear dog as a great companion especially when a deaf or hard of hearing senior citizen is alone. There are laws that permit a deaf resident to keep a special dog in her/his apartment. The drawback is the cost of feeding the animal and the obligation to regularly take the dog out for a walk!

B. AGENCIES AND SERVICES

Services and programs serving deaf and hard of hearing people of all ages have been improving in the past fifteen years. They are listed as below. I did not include programs like the Nova Scotia Hearing and Speech Clinic as they are discussed by other speakers.

1. Society of Deaf and Hard of Hearing Nova Scotians (SDHHNS)

It used to be known as Metro Service for the Deaf but we are now working with the Coordinating Council on Deafness in Nova Scotia on the goal of expanding the services beyond the Metro area. The first task was to conduct a province-wide survey to find out how many deaf and hard of hearing persons are in Nova Scotia and to write a proposal to the Nova Scotia government for more funds to set up services around the province. We hope to see regional offices set up in Cape Breton and Truro in 1989.

The agency provides employment counselling, information and referral and interpreting services.

Sign language interpreting services are in great demand even though the shortage of interpreters around the province is acutely felt. Most of the interpreters are concentrated in the Metro area. However, interpreters are occasionally sent out to different parts of the province to interpret in essential settings like court, weddings, funerals, etc.

Each deaf client decides whether to use an interpreter or not depending on the situation. Some prefer to use one in important situations or in meetings while others use an interpreter in many situations. Each deaf person has a right to have a sign language interpreter in any situation.

There have been incidents of persons who "know" some sign language, who have been asked to "interpret" for deaf persons. This is a bad and dangerous practice in terms of risks of misunderstanding, information being lost in the interpreting process and loss of independence of making decisions.

In the fall of 1988, the third class of eleven students at the Atlantic Centre for Disabled Students located on the campus of Saint Mary's University, will take a 12 month intensive training program to become sign language interpreters.

2. Religious Services

Ecumenical Ministry of the Deaf is a Maritime wide non-denominational service. It offers religious services, bible classes, counselling, and home and hospital visitations. There is also a Catholic priest working with deaf Catholics.

3. Helpline (421-1188)

Since 1977, Helpline in Halifax, although its main goal is to counsel or provide information to telephone callers, provides a limited message relay service 24 hours a day, 7 days a week for deaf TTY consumers. It also provides crisis intervention to anyone.

There is no such service for deaf TTY consumers in Cape Breton. Thus, they are forced to depend on others to telephone for them to make appointments, obtain information, etc. These calls are not always satisfactory. Deaf TTY users have a hard time reaching the RCMP which continues to hang up ... It is time that Cape Bretoners get full access and independence.

4. Long Distance Call Discounts for TTY Consumers

A hearing person speaks fast on the phone while a TTY consumer types slowly. Telephone companies across Canada have reduced toll rates for TTY consumers to 50% of the normal cost to compensate the difference.

5. Message Relay Service (MRS)

MRS is not yet available in our province. A MRS operator relays messages back and forth between a TTY user and a hearing person lacking a TTY. That way, a deaf person is able to emulate more or less to the level of a "real conversation". MRS is already in place in other provinces. There is no MRS in the Atlantic Provinces.

The deaf community is trying to get Maritime Tel and Tel to set up a province-wide message relay service so that a TTY user in any part of the province can enjoy the same benefits as those in the Metro area enjoy since 1977. Until the MRS is established, we have to use Helpline despite its restricted message relays. TTY consumers outside the Metro area continue to be denied the equal access to agencies, businesses and hearing relatives and friends.

6. TTY Numbers

The number of TTYs in the businesses and government offices at all levels is limited but increasing at a snail's pace. We are still forced to rely on a hearing person to make calls for us or to rely on Helpline. A MRS is the answer but more independence would be realized if the businesses and agencies obtained TTYs for their offices allowing us to call them directly.

7. TTY Emergency Numbers

There are a number of TTY numbers in the Metro area as well as in a few other towns in the province. Some numbers are promptly and quickly answered, but other calls are often hung up as though they are dismissed as "crank calls". The best emergency number seem to be the police or fire number in the Metro area.

C. NURSING HOMES

As we know, there is a high incidence of residents with hearing and visual problems in nursing homes. Today there are few deaf senior citizens, some of them there against their will. Nurses do not treat them like adults and do not spend enough time to talk with them. It may be due to the lack of staff to allow them to spend a bit more time with each senior citizen and also due to the lack of inservice to understand the difficulties of deafness. It would be helpful if some staff knew sign language to communicate with deaf residents. I doubt there is a captioning decoder in any nursing home in the province. Correct me if I am wrong.

In summary, I would like to make several recommendations for your consideration:

- that deaf senior citizens be given choices of how to live their lives. They should not be forced to move into homes for special care against their will and without discussion first. Information about other alternative arrangements like homemaking care services, meals-on-wheels, etc. should be made available.

- if placement in a home for special care is necessary and justified (i.e. serious nursing care is inadequate at home), then the deaf senior citizen should be ensured accessibility to such services as: interpreting services, flashing light devices, smoke detectors, T.V. captioning decoders, TTYs, some staff learning to use sign language to communicate with the deaf senior citizen.

- that accessibility devices be provided at low or no cost to a deaf or hard of hearing senior citizen.

- that a province-wide message relay service be set up by the Maritime Tel and Tel to make it accessible for all TTY consumers/senior citizens in the province.

- that the Senior Citizens' Secretariat office obtain a TTY for the benefit of deaf senior citizens and other deaf persons who look after their elderly relatives.

- that staff in homes for special care learn about deafness in their inservice programs when there is a deaf resident.

- that deaf people are completely dependent on their eyes for communication, so regular tests of vision and appropriately fitting glasses are essential.

- that the small number of deaf senior citizens especially at present should not be a barrier to any development of services for deaf senior citizens. The population of deaf senior citizens will increase rapidly as time goes by because of the baby boom era.

We look forward to the day when accessibility is at its fullest. This will be achieved when there is:

- a province-wide message relay service (MRS)
- TTYs in many businesses, agencies and government offices
- more interpreters would be available around the province
- some staff skilled in sign language in any nursing home where a deaf senior citizen is residing.

It is time for the gap of the needs between deaf senior citizens and hearing senior citizens to be closed.

Thank you!

SURVEY OF NEEDS OF HEARING IMPAIRED

In Homes For Special Care

CHAIRPERSON: Mrs. Alfreda Hayes
Member
Action Council of Seniors of Cape Breton

Speaker: Dan Munroe
Administrator
Seaview Manor, Glace Bay

Thank you Mr. Chairman for your kind introduction.

I am pleased to be invited to participate in this seminar and I would like to congratulate the responsible parties and/or individuals who were instrumental in bringing this group together.

I welcome the opportunity to speak on behalf of those in our care. The situation is one of a serious nature and when one takes a close look, as I have, at the existing homes or nursing care facilities in Cape Breton, it creates a greater awareness as to the magnitude of a problem which I don't believe we are properly addressing.

Out of 12 homes with a total residency of 1,014 residents, 80 people have hearing aids and an additional 144 have hearing impairment. This means that almost one quarter or 25% of our people who reside in homes for special care or nursing homes are afflicted with a hearing impairment of varying degrees. In addition, the scary part is the possibility that there are others with hearing difficulties that have not been readily identified.

In our community we have the following services available: the Hearing and Speech Clinic located at the Glace Bay Community Hospital, open 5 days a week; the Otarian Hearing Aid Centre, Glace Bay.

At the present time when we feel that one of our residents is experiencing a difficulty, or appears to be afflicted with a hearing impairment, we arrange for testing at the Hearing and Speech Clinic before pursuing the matter of a hearing

aid or any further treatment. I must point out that we have been following that procedure over the last year or more and find that we have had a fairly good success rate since we have availed ourselves of the Hearing and Speech Clinic.

I agree with Fred MacKinnon regarding the need for professional or audiologist advice. I would like to identify some of the problems our staff have been faced with on behalf of the resident with no reflection on any agency or group who function in the field.

(a) We find the waiting period or time frame for an interview and appointment at the Hearing and Speech Clinic to be quite lengthy at times - sometimes two months.

(b) Problems with ill-fitting molds made by hearing aid centres.

(c) Hearing aids not checked on a scheduled or regular basis.

From the point of view of the resident with a hearing problem the lines of communication between the person, family, friends and staff become strained.

Residents become frustrated and confused when they have difficulty communicating, hence they have difficulty coping with the environment in which they live. At the same time we find with the care being heavier now - 70% nursing, 30% personal - and inadequate numbers of nursing staff, time is therefore scarce and sometimes not available as health professionals to converse through other means, i.e. writing, etc., all this to the detriment of the resident.

In a facility such as ours many programs of a social, cultural and religious nature are provided for the welfare of the resident (in order to make their life as pleasant and cheerful as possible). Hearing difficulties can prohibit residents from full participation in things they like to do because in some cases they do not know what is happening around them. I find people that have a hearing affliction at times feel humiliated and embarassed because their actions and responses at times are far-fetched and ridiculous, and believe me they realize it when it is too late. This quite often makes the person become quiet and is left out of the conversations. Those around them who wish to converse without their interruptions seem relieved and do not miss them. They do not expect the hearing impaired person to say anything or even suspect that he cares. He or she gradually withdraws within themselves and try to make the best of a bad situation. We all have our pride and basically we are sensitive people and I see people retreat behind a wall of resentment with their pride and self-pity which are poor comforts and we see created a sullen individual. There is a tendency on the part of staff and visitors to avoid starting conversations with people with hearing difficulties thus avoiding the effort of repeating themselves over and over and speaking in loud tones. I have been told

that it is not worth the time and effort on their part, so, who is the loser? This is a sad situation, sad for those who are trying to understand the afflicted one and who would willingly make things easier for him. Sad for him, who somehow feels neglected and yet guilty. A deaf person may seem dense and at times stupid, but make no mistake - he is not a moron. Indeed, I think he develops a sixth sense - an awareness, a feeling which recognizes and estimates the degree of friendliness, censure or ridicule which is present.

At Seaview Manor we have a few do's and don'ts which we try to adhere to in order to help relieve the situation.

1. Don't start a conversation with a deaf person without first speaking his name. Try to get his attention.

2. Introduce the subject clearly and speak with clarity. Volume of tone is not always to blame. Don't talk too fast.

3. If he asks a question, answer yes or no at once and add the details later. Try not to confuse him.

4. Remember at all times that the deaf person is a normal individual with normal intelligence and normal reactions. He is not asking for pity, but merely for the recognition of the fact that he is at a disadvantage and not stupid as he seems.

5. When you are leaving the room, don't fling words at him over your shoulder. He cannot hear you unless you are facing him.

In closing, Mr. Chairman, speaking of our experiences, and after presenting the statistics that identify at least 25% of our populace in nursing homes and homes for special care locally, I am sure you and I can agree that there certainly exists a need to develop a program to help the vast number of elderly suffering from hearing impairments, thereby enhancing their quality of life.

THE SEMINAR BANQUET

The evening opened with music by Mary Snow.
Chairperson D. Stuart MacLeod welcomed the delegates and the invocation was offered by Archdeacon W.S. Smith.
Mr. Michael Laffin, retired MLA and Cabinet Minister, brought greetings from the Government of Nova Scotia.
Special Speaker for the evening was Dr. F.R. MacKinnon, Director of the Senior Citizens' Secretariat. He was thanked for his address by Mr. Carl Arnold.

HEARING IMPAIRED AND AGING: An address by Dr. F.R. MacKinnon

Deafness associated with old age has always been the subject of humour and jokes. Not too long ago I saw some skits staged by a group of Prince Edward Island seniors and the joke that got the most laughs involved two old men who pretended to be deaf and carrying on a conversation. The George Burns brand of humour has been directed lately towards aging and the aged and I suppose that accounts for the fact that most of the jokes relating to deafness involves seniors.

I suspect some of this is due to the fact that seniors have a very limited sense of humour when their hearing becomes impaired. I experience this at home and my wife would tell you a similar story. The conversation goes like this. "Mary, I plan to go to New Ross this afternoon. Would you like to come with me?" - and the response, "What did you say? You mumble! Why don't you speak more distinctly." Then, a little louder, "I plan to go to New Ross this afternoon." - and the response, "What are you going to Inverness for now?" To be fair you could play that record the other way and the parts would come out the same.

Harold Shea has had much the same experience. He was driving down with his wife to Liverpool last week. Passing Blandford, she said to Harold, "Wasn't this where Grandma Mosher was buried?" Harold grunted and she came back again with the question to which Harold replied, "I don't understand why Grandma Moses would ever have been in Blandford." So much for those seniors who have hearing problems.

It has been my experience personally and from talking and listening to other seniors that the little dialogue which

I recounted is seldom turned into a good laugh at our own expense.

Seniors tend to take these matters perhaps too seriously for their own good.

I served for many years on the Board of Directors of the old School for the Deaf in Halifax. At the same time I had a large group of blind children in Sunday School. I soon learned that for some reason not at all obvious children with hearing impairment were having a much more difficult time getting adjusted in the community than children with visual problems.

I have come to the conclusion that hearing impairment is a very serious disability and for a variety of reasons we have been unable to get the kind of public understanding and recognition from the community and the public generally which is merited and required.

My comments will be directed towards seniors but much of what I'm saying applies to all ages.

Hearing difficulties are magnified in old age. Those of us who in our early years had excellent hearing find after age 60 or 65 varying degrees of difficulty in hearing accurately what is being said. If the speaker is not crystal clear in enunciation, if he or she does not hold the head up and project the voice properly, if there is any overlay of noise or competing sound, or if our emotional state is at a low ebb, our hearing may very well be impaired or lessened. This state of affairs may range from being so mild so as to be scarcely noticeable to being very serious with the result that we hear only a small portion of what is being said.

Impaired hearing in old age is not likely to go away by itself. In fact, for most of us the hearing loss will gradually increase unless we take steps to remedy the situation.

Up to now I have been talking about those who had perfect hearing in their early years. Their loss of hearing came on gradually and it is a loss, a lessening, a diminishment of something which they had in early years.

There are those, of course, who have had to cope with severe or mild hearing impairment from birth or their very early years. Their problem is quite different from the senior who had good hearing for the first 60 or 65 years of life. Indeed, the person who has had congenital hearing problems or who, because of illness, sustained hearing loss will very likely have learned to cope by the time he or she reaches 65 and then be in a far superior position in respect to well being and personal adjustment.

What are the issues? There are several.

FIRST

The most serious issue facing hearing impaired seniors living in the community is their unwillingness to admit openly that they have a hearing problem. Not only will some seniors go to great lengths to hide a hearing impairment, worse still they will become hostile and angry if any one suggests they are deaf.

This has a dual effect. It creates a whole series of problems relating to the well being of the senior affected. Life becomes a continuous round of one frustration after another. Self-help is denied and the senior is prevented from helping others because if I am not prepared to admit I have a problem I cannot help other seniors with a similar problem.

The strength of A.A. and similar organizations is found in the help and support that one may give to another. There is no doubt at all that hearing impaired seniors could help themselves much more and also help each other if they were open about their impairment.

SECOND

The second issue relates to the purchase and use of technical hearing aids. Seniors have been and will continue to be prime targets for scams of one kind or another.

Most businessmen are honest, fair and kindly disposed towards seniors on limited, fixed incomes. A few, a very few, take advantage of every weakness. For example, last week a lady called me who paid twice what a new stove and fridge is worth because the firm in question would take her old stove and fridge and give her a large allowance for them on the new purchase. Reputable stores like The Bay and Sears do not take trade-ins so she decided not to buy from them. The net result was that what she had to pay after deducting the trade-in value of her fridge and stove was about 25% above the price she would have paid at Sears, for example. And, to crown the deal, they charged her 30% interest on the unpaid balance.

Seniors fall for that kind of scam and a few smart operators do a thriving business taking advantage of them. All of which leads me to say that there should be much tighter and more stringent regulations regarding the pricing, repairs, guarantees and use of the technical hearing devices. I will leave the issue there.

Many seniors detest hearing aids. They are given little or no instruction on how to use them and as we well know, if hearing aids are not kept in perfect condition they will not

work properly. The same problem applies to dentures and in nursing homes hearing aids and dentures are more often lost or mislaid or inoperative or ill fitting than in acceptable and satisfactory use. No one should ever purchase a hearing aid except on the advice of a professional audiologist. To do otherwise can only result in wasted money and an unsatisfactory result. If audiologists are not available, you should keep pressing government to ensure that they are available. These are serious problems and they have to be addressed.

THIRD

The third issue relates to the care of the hearing impaired in nursing homes.

There are more than 5,000 seniors in nursing homes and more than 100,000 in the community.

The best information I have is that very little is being done to help the hearing impaired in nursing homes. Why is this so? There are several reasons.

A. The individuals and organizations that speak and work on behalf of the hearing impaired have not to date been able to get sufficient public support for their cause. It is too easy and convenient to ignore the hearing impaired and as a result many nursing home operators assign this particular need a very low priority. They view hearing impairment as the inevitable result of the peculiarities and attributes of old age for which little or nothing helpful can be done.

B. Nursing homes are having a very difficult time financially. For several years the homes were granted per diem rate increases which were far in excess of the growth in G.N.P. Rates are now up to $60 and $70 per day in several homes. Salaries have increased drastically and in many homes productivity has not kept pace with increases in salaries. If you listen to the critics, you would conclude that more and more staff will cure all the ills. But additional personnel means additional costs and you can appreciate why government is attempting to keep in line with economic growth rates so that expansion and improvement of services cannot be effected as readily as in earlier years.

C. If more attention is to be given to the hearing impaired in nursing homes, a program of in-service training will have to be developed to help all levels of staff become more aware of the needs of the hearing impaired and how to cope. That awareness is often lacking and it can only be developed by a well planned, well organized in-service staff training program across the province in all nursing homes. This must

not be a one time effort. It should be a major part of the training of nurses and personal care workers and it will have to be repeated periodically over a period of years because personnel is changing and there would have to be constant repetition and follow up.

This process will require communicators and teachers who understand hearing impairments in the aged and who know how to cope. Most important of all, the trainers must be able to communicate and get their message across to staff. It is one thing to have knowledge, it is quite another thing to be able to impart that knowledge to others. Staff have to become converts in respect to the hearing needs of the aged and enthusiastic to the point where they will act.

The nursing home operators tell me that these skilled communicators have not been available up to now.

A senior Home Administrator to whom I talked some time ago said to me, "I do not have much money in my budget, but I could and would find some money if I could find persons with the skill and know how to teach and work with my staff to help them understand and cope with the hard of hearing aged folk in my nursing home." "I believe this is a priority but I can't find any suitable teachers or communicators to do the job." "I do not know where to turn to get help."

FOURTH

Deafness and hearing impairment like aging involves several departments of the provincial government. The Department of Education is involved through A.P.S.E.A. When the young person leaves school the new Department of Vocational Education bears some responsibility. The financial support for organizations such as your Coordinating Council comes from the Department of Community Services. The fact that you have to relate to three government departments must have implications for the services you provide.

FIFTH

The fifth issue you face is, I believe, within your own ranks and it has two facets. I have already suggested the first. Unless seniors are prepared to admit they have a hearing problem, there is nothing that can or will happen to improve their condition or make the impairment go away.

The second facet of this issue relates to all of us who have a hearing problem working together, cooperating together and in unity finding strength. Are you doing that?

Is there unnecessary dissension and back biting in your own ranks? Are you working harmoniously together? I suggest it is always a good policy to have one's own house well in order before making suggestions about the duties and responsibilities of others.

A seminar similar to the one we are holding here was held at St. Mary's University last year, June 29-30.

Reverend Waldo Grandy summed up the conclusions and recommendations coming out of that seminar and I want in closing to review those with you and comment briefly on each.

- There is a pressing need to heighten public perception and awareness of deafness and hearing impairment.

- Province-wide there seems to be a problem in the identification of hearing problems because people don't know what help is available, where to go for help and our medical personnel are inadequately trained.

- There is insufficient financial aid for senior citizens needing technical aids.

- There is a lack of information on the numbers of hearing impaired persons across the province. We need a census of the hearing impaired in the province.

- Telephone services and facilities for the hearing impaired and the deaf are often lacking.

- There is a shortage of interpreters throughout the province.

- There is a need for properly trained and designated audiologists as opposed to technical aids.

- Rehabilitation efforts need to focus on the hearing handicapped and the impact of the hearing loss on the everyday life of the individual and his or her family.

- Despite rumors about inadequate hearing aid dispensers, there does appear to be a growing effort on the part of audiologists and dispensers to work together for the good of the hearing handicapped.

- A support system in the community for the hearing impaired and their families is lacking. We are recommending the following:

- The provincial government be asked to carry out a full scale census of the hearing impaired using a single agreed upon definition of hearing impairments. This census should determine the numbers of hearing impaired and the extent to which technical aids may be used in a habilitative or rehabilitative program.

- The provincial government be asked to set in motion the cataloguing of available service and assistance programs for the hearing impaired throughout Nova Scotia as referred to by The Honourable Edmund Morris. A campaign to heighten public awareness of the problems of the hearing impaired should be initiated.

- The hearing impaired community give consideration to the development of one single organization to be the voice of the hearing impaired in Nova Scotia.

- The government be asked to give immediate attention to classifying hearing impairment as a health service under the health insurance program and should encourage the preparation of more professionals to address the needs of the hearing impaired.

The conclusions reached in the seminar should give us guidelines for the future and point out the directions we should be taking to find solutions for some of the problems we face.

I assure you that the Secretariat will do everything we can to help your Council in its work.

INTRODUCTION OF KEYNOTE SPEAKER

Dr. Shea introduced Dr. John (Tink) Kyte, a native of Trinidad who grew up in Nova Scotia, attended school and university in this province and who excelled in athletics at Saint Francis Xavier University. Dr. Kyte is hearing impaired and is the father of five hearing impaired sons. Dr. and Mrs. Kyte had shown outstanding example in raising their children and encouraging them to make their mark on our society. Dr. Kyte consented to address the seminar to tell of his experiences and to encourage those who are hearing impaired to use all the facilities available to them to compensate for their difficulties.

KEYNOTE ADDRESS

SPEAKING NOTES

Dr. John "Tink" Kyte

I am pleased to have been invited to come here today to Nova Scotia where I lived for many years and where I studied and found my family roots.

I have long maintained that anybody that refuses to wear a hearing aid for reasons of vanity or because they refuse to believe an expert opinion they need one is only cheating himself or herself, and, of course, they are cheating their friends who wish to converse with them.

People with hearing impairment hear only parts of what is said.

We are today dealing with two interrelated matters: aging and hearing impairment. They are interrelated as far as this audience is concerned, but hearing impairment knows no age limit; it can strike the very young as well as the elderly. That we all know from experience.

I have come to realize that aging is not a terrible time of life if one braces for it. Every seven years, our body and mind goes through a change - from infant to elderly - over time.

It's all a question of mind over matter - if you don't mind the changes, it doesn't matter.

As I look back on my life, I find I wasn't conscious of my hearing impairment as a child. I am not familiar with the culture of the profoundly deaf. I do not have insight or real understanding of the problems involved here. But I am familiar with the difficulties associated with hearing impairment or the hard of hearing society.

Hearing impairment is a handicap, but not a disability. As one of my sons said, "Dad, you'll never find me in the disabled olympics."

It's strange how events beyond your control can alter your life.

In my younger days, I had some success in the field of athletics. The kids were always introduced as Tink Kyte's sons and daughter. Then one of my sons, Jimmie, who wears two hearing aids, became the first handicapped player to join the National Hockey League. He plays for the Winnipeg Jets and now I'm introduced as Jim Kyte's father. How the mighty have fallen.

The Kytes came originally from St. Peters. I am a banker's son and was born in Trinidad. But I lived many years in this province. As I said, I was unaware I was hard of hearing as a child. It wasn't until I was in school that everyone found I had a problem. My mother put it down to the aftermath of a childhood illness.

It was when I went to St. F.X. that I realized the problem. I had become a very good reader and when I got to class in which the professor simply read from a book, I skipped classes because I figured I could learn as much by reading to myself. Needless to say I got into trouble with that and I decided to pay more attention to studies.

I soon wondered whether a hearing aid would help me in class. The model I acquired was heavy and cumbersome and I was discouraged. I developed a system of shorthand and speedwriting and I learned more about lipreading. By keeping my eye on the professor, I could read what he said, write it on my books and transcribe it to more legible style at night.

Things were easier for me at McGill where I studied dentistry. But I ran into difficulty trying to "hear" what was being said when working in the operating room. With masks on their faces, the doctors were hard to lipread.

I went into practice and when I was 34 I met my wife-to-be. I drove an open convertible then and she spoke softly. This made it difficult for me so I did most of the talking - not wanting to take a chance missing something she said. That is a trait common to many hearing impaired persons.

We married and had six children in eight years. When the oldest son started school, we were advised he had a hearing problem - something that we were unaware of. We decided to have all the kids tested - the boys - all five - were hearing impaired. Our daughter was not.

We took the family to specialists and their problem was diagnosed as progressive nerve degeneration. I always thought the doctors missed a great chance for research into hereditary deafness by not working more closely with my family. But they didn't take our request to heart, nor did they attempt to follow up.

We learned to live with it - by wearing hearing aids and ensuring we always faced one another when we spoke.

Lipreading and the power of observation can help immensely.

I read from time to time about seniors being abused by relatives or those in nursing homes. I think some seniors become abusive when it is suggested they need a hearing aid and they become stubborn and selfish and that helps create problems for the caregivers and the nursing homes. The seniors often refuse to wear the aids because of the perception that it sets them aside as being handicapped and they don't like it. They don't complain about having to wear glasses or dentures - why about hearing aids?

We have to conquer the feeling about hearing aids. They can help many people.

Finally, I would like to say to the mothers of hearing impaired children. You deserve praise for carrying the load. Mothers are people of patience and understanding. They sometimes are overprotective of their children. Gail and I have had to ensure our boys were able to stand on their own feet. If you can imagine a woman having to care for five hearing impaired boys and coping with a husband who is also hearing impaired, you realize the role mothers play in raising a family like ours.

USERS AND VENDORS - WHERE DO WE GO FROM HERE?

Following Dr. Kyte's address the seminar turned to the subject of users and vendors and the cost of aids.

CHAIRPERSON: Mr. Victor Coffin
Seminar Committee Member

Panelists: Mr. Coady Marsh
Licensed hearing aid dispenser

Ms. Odilia MacDonald
Audiologist
Nova Scotia Hearing and Speech Clinic, Glace Bay

Mr. Michael Merritt
Service Officer
The Royal Canadian Legion

SPEAKING NOTES - Ms. Odilia MacDonald

In order to help clarify the role of an audiologist, it is important to first examine educational background and training. An audiologist is a health professional who is concerned primarily with the diagnosis and rehabilitation of a person with a hearing impairment. The training for an audiologist includes a Bachelors Degree in a related field (i.e. science, psychology, linguistics) followed by at least a Masters program in audiology, which includes an internship program. Generally clinicians also meet the requirements of the Canadian Association of Speech Language Pathologists and Audiologists.

The majority of audiologists in the province work with the Nova Scotia Hearing and Speech Clinic. The clinic is a non-profit agency funded primarily by the Nova Scotia Department of Health. It operates through a main clinic in Halifax, at clinics in the Halifax hospitals, and in 22 satellite clinics across the province. At the present time, 4 are located in Cape Breton, employing 3 audiologists on a full time basis, and another clinician who works once a month at the Stait-Richmond Hospital in Port Hawkesbury. Referrals to the clinic come from a variety of sources: otologists, physicians, social service agencies, the Department of Health, schools, WCB, DVA, family members and, of course, from individuals who are concerned about their own apparent communicative difficulties. A pilot program, which screens residents in a Halifax nursing home, is also helping to identify those who are in need of audiological services.

Audiologists, including those within the clinic in Nova Scotia, are primarily involved in the diagnosis, and subsequent habilitation or rehabilitation. Diagnostic testing includes not only determining whether or not a hearing loss is present, but also the origin or site-of-lesion of the loss if one exists. Differentiation must be made between a possibly temporary or conductive loss, a permanent or sensorineural loss - also referred to as nerve damage, or a combination of the two. If the loss is determined to be a possible temporary problem (resulting from an infection, wax in the canals, otosclerosis or problems with the bones) then an appropriate referral is made either directly or through the family physician to an otolaryngologist or ear specialist. The data obtained from the audiological assessment along with that obtained by the physician are used in making a medical diagnosis. If the loss is found to be sensorineural, then additional testing is done to ascertain whether the damage is within the cochlea or inner ear, or whether it is actually a problem originating at the auditory nerve or brainstem. Once again, if the possibility of involvement beyond the inner ear exists, appropriate referrals are made.

If the hearing impairment cannot be treated, and no additional work-ups are required by other specialists, then the process of habilitation or rehabilitation can proceed.

The first step is counselling the patient on test results. The exchange of information should not only assist the patient in understanding the nature and degree of any hearing impairment, but will also help the audiologist in assessing the degree of handicap which results from the hearing loss. Other tools may also be used to assist in the determination of handicap: scales used in determining self-perceived handicap, and scales used by others in the family provide information on effects of the hearing loss as perceived by others who deal with the hearing impaired individual.

An assessment of the individual's actual hearing handicap will subsequently allow the patient and clinician to make a decision on whether or not a hearing aid evaluation is the next step in the rehabilitation process. It will also allow them to establish realistic goals for the program.

The hearing aid evaluation provides data which the audiologist uses in assessing the appropriateness of amplification for the individual. Options are generally discussed with the hearing impaired patient: monaural versus binaural, behind-the-ear aids, in-the-ear aids, canal aids, or assistive listening devices (i.e. Direct-Audio Input, Infra-Red Systems, telephone amplifiers). It is critical to the rehabilitation process for the patient to understand why a partic-

ular device is selected. The evaluation is also used to choose the electroacoustic potential for the hearing - in other words, its power or gain, its frequency response, and its maximum power output.

Ideally, once the aid has been selected and fitted, the rehabilitation of the patient should continue. The hearing aid user requires extensive information on the aid itself and its various components, on using and adapting to the aid, and on its daily maintenance. Being able to trouble-shoot the aid when minor problems develop will ensure more effective use of the device. In addition, if the individual is to become a successful hearing aid user, he/she must be fully aware of the limitations and potential benefits of the amplifications. Re-assessment and counselling after the patient has used the aid for several weeks tends to be productive as well.

As previously indicated, these components should be a part of the rehabilitation process undertaken by the audiologist working with a hearing impaired individual or group of hearing impaired individuals. Unfortunately, as waiting lists necessitate modifications, it is generally rehabilitation that suffers. Counselling tends to go with the evaluation prior to the actual fitting which, needless to say, makes it far less effective. At the present time, I've chosen to obtain feedback from the hearing aid user using a questionnaire which is mailed out approximately 2-3 weeks following the fitting. Responses will often identify the patients who are having more difficulty adjusting, and require either a follow up visit or a modification in the amplification itself. Individuals are also encouraged to contact the clinic after the aid has been fitted should questions arise or problems develop.

Once again, the message is that the audiologist can play an extensive role in the rehabilitation of a hearing impaired person. *In reality, at this time, because of lengthy waiting lists, the time available for and therefore the extent of rehabilitation subsequent to the hearing aid fitting are significantly limited.

MR. J. COADY MARSH - An outline of his remarks

HEARING INSTRUMENT MARKET AND COSTS - 1988

In the next few minutes I will briefly touch upon the following topics: hearing instruments market; types of hearing instruments; instruments becoming smaller; costs increasing, monaural/binaural fittings. (See overhead - Plate I)

Hearing health care is still being marked by on-going change, hearing instruments which at one time were marketed by hearing aid dealers are now marketed by a diverse spectrum of professionals including hearing instruments specialists, audiologists and in the United States by otologists and otolarnygologists.

The number of hearing instruments sold in 1987 was just above 10% more than in 1986 (a market growth of 10.67%).

TYPES OF HEARING INSTRUMENTS

The type of hearing instruments being sold is rapidly changing.

In 1980 behind-the-ear type accounted for 58% of sales; in-the-ear, 34%; eyeglass, 5%; and body, 3%.

In 1987 behind-the-ear type dropped to 21%; in-the-ear increased to 74% and all other (eyeglass and body) combined decreased to less than 5%.

These figures are according to surveys conducted by the hearing industry association.

(See overhead - Plate II)

In cases where the patient requires or wishes an eyeglass or body instrument, the selection becomes much narrower because many of the manufacturers have discontinued making these types of aids while other manufacturers reduced the number of eyeglass or body models that they now make.

INSTRUMENTS BECOMING SMALLER

Statistics tell the story of consumer acceptance of the smaller in-the-ear instruments with a preference for the smaller canal type instrument. More than 20% of in-the-ear aids sold were the canal type.

COSTS INCREASING

As the hearing instruments become smaller and smaller the costs become higher and higher.

According to hearing instruments survey conducted in the United States, the average price of a BTE instrument in 1987 was $542.68; ITE, $546., and canal, $705., with the average price of all hearing instruments being $598.85.

(See overhead - Plate III)

When asking for the price of a hearing instrument be sure to get the bottom price, that is a price that includes everything -

Warranty (what does warranty cover?)
Earmold, batteries, hearing test, follow-up, service calls while in warranty, trial money back period, etc.

MONAURAL VERSUS BINAURAL FITTINGS

Two ears are better than one. The latest survey showed that 44% of consumers were fitted binaurally. There is every indication that this trend towards two hearing instruments will continue.

MR. MICHAEL MERRITT - A summary of his remarks

I have recently become a hearing aid consumer and I am now hearing sounds that I had almost forgotten. My advice to others is to secure a good hearing aid, one prescribed by an audiologist and to keep it equipped with fresh batteries and to keep it clean. I used to believe I'd be self-conscious wearing a hearing aid, but I'm glad to say it feels natural and comfortable.

PLATE 1

T O P I Ć S

HEARING INSTRUMENTS MARKET

TYPES OF HEARING INSTRUMENTS

SMALLER INSTRUMENTS

COSTS

MONAURAL/BINAURAL FITTINGS

PLATE 11

HEARING INSTRUMENT SALES BY TYPES

1980		1987
Behind-the-ear	- 58.14%	21.08%
In-the-ear	- 33.73%	74.23%
Eyeglass	- 5.33%	4.69%
Body	- 2.76%	

PLATE 111

HEARING INSTRUMENT PRICES (AVERAGE)

BTE - $542

ITE - $548

CANAL - $705

SO YOU ARE HEARING IMPAIRED

CHAIRPERSON: Betty Simpson
Seminar Committee Member

Speaker: David Moffatt
Audiologist
Nova Scotia Hearing and Speech Clinic, Sydney

Over the last two days we have heard discussions about what being hearing impaired means.

- To some it is not being able to hear any sound at all, what most would refer to as being deaf.

- To some it is not being able to hear sounds and voices unless they are loud. This you might refer to as hard of hearing.

- To others it is not being able to hear some soft sounds and voices in certain situations. This might be referred to as a nuisance, but not really being hearing impaired.

Well all these descriptions are of hearing impairment in some of its various degrees. Like the difference between totally blind, only seeing large objects and bright lights and needing glasses to help in reading or driving, hearing impairment can exist in different amounts or degrees.

When a hearing test is done, the audiologist will measure the degree or amount of hearing loss as part of his assessment. This is very important but it is only a guide to the audiologist as to the type of difficulty and problems that the particular person may have in hearing. As there are no two snowflakes alike, it is true that there are no two hearing losses alike. Each person will be affected by their hearing loss in their own unique way.

To return to the title of my talk, "So You Are Hearing Impaired", let us assume that this is the response of a friend or family member to your admission of a hearing loss. Where do we go from there? Well, to reach that point of admission, most likely, was not easy and in a great sense is the most difficult step in the process of helping you hear better.

As I prepared for this talk, I considered speaking about what it is to be hearing impaired based on my ten years of experience working with over 6,000 patients and I considered that I could speak about what types of help were available to those who had reached that point of acceptance and I realized that I could not do one without the other.

Let me begin with a list that would help all hearing impaired persons but may be the only help needed by the person who has the least amount of hearing loss, a mild hearing loss.

1. Get closer to who or what you want to hear. Not only does this make it easier for you to hear but it also lets you see what the person is saying and we all hear better if we can see the speaker's face and read the person's body language and expression.

2. Improve the lighting. This is a carry through of what I just said. If you can improve the lighting, for example, in your living room, you'll be able to see and therefore hear the person speaking as we all rely on our eyes to help us hear.

3. Eliminate background noise. This is the enemy of all people trying to communicate but especially for the hearing impaired. Eliminating it can be as simple as turning off a radio or television; picking a quiet place to meet; closing a door or window; or stopping what you are doing. For example, if you are involved in an activity like washing the dishes.

4. Tell the person you are talking with that you have a hearing loss and ask them to speak more slowly and clearly. Most people will be more than happy to help you if they know you have a problem and if they know how they can help.

Awareness and acceptance of hearing loss are the first steps. Next the individual must assume the responsibility for his actions, including communication, before change can take place in terms of improved communication. These suggestions that I have made require the individual to take an active role in helping themselves to hear and to communicate better. This role as a self-helper will be more important the greater the hearing loss is or the more demanding the listening situation becomes.

The next step in hearing self-help is the decision to wear a hearing aid. It is usually the person who is having a fair amount of difficulty hearing that comes to the point of wanting to do something about it in the form of wearing a hearing aid. This person will find that they are missing parts of conversations and are frequently asking people to repeat. They will be able to hear people talk but will not be able to make them out. They will often say, "It seems as if everyone is mumbling." They will start to avoid difficult listening situations such as meetings and parties.

Our hearing is not only used for communication but also as our early warning system. It works over a great distance and around doors and walls. It reaches places we cannot see. In this capacity, our hearing creates a constant link or bond with our environment, even when we are asleep. At this primitive level, our hearing contributes greatly to our sense of security and well being.

As hearing loss progresses, one of the subtle effects is to create a sense of uneasiness and apprehension that is difficult to understand. This is due to the loss of this constant bond with our surroundings that our hearing provides us. Friends may notice that the hearing impaired person's personality is changing; that they have stopped going out and participating in groups and conversations and that they are more irritable, apprehensive, distant, and easily confused and upset. Because hearing loss has no visible external signs, it is often difficult for the individual and those around them to identify the cause of these changes in behavior.

Once hearing loss has been identified as the culprit, the road to improved communication and interpersonal relations has begun. In most cases, hearing loss related to aging is permanent. In order to help compensate for this loss of one of our senses, perhaps our most important sense, a hearing aid is often of key importance.

Adjusting to a hearing aid is no easy matter. Many good things in life have one thing in common, learning. We have to learn to do them before we can enjoy them. Learning doesn't always come easy and sometimes the lessons are hard. Learning comes from desire, practice and the belief that we will learn and that we will get better with practice. We do not remember the process but when we were young, we learned how to listen. We learned to concentrate on a conversation even thought it was surrounded by a jungle of other sounds. We learned to focus our hearing by selecting sounds from the background when one wanted to hear them.

With the loss of hearing, we also lose many of these learned skills. For a hearing aid to help, it is necessary to adjust to the use of the hearing aid and relearn how to listen. It is necessary to begin by practicing how to put the hearing aid on and how to adjust the controls. At first, it is best to use the hearing aid only in familiar, quiet surroundings and to learn to identify simple background sounds. Finding situations where you can practice listening to one person, someone who is willing to help you relearn how to listen, is of key importance. In the beginning, a low volume setting is required to help the person adjust to the sound of their own voice.

In the learning process, often soft voices, distant conversations, and speech in background noise will not be easily understood. With practice and adapting to the hearing aid, these situations will become easier. It is important not to over practice, as it will take several weeks and months to fully adjust to hearing with a hearing aid. The ability to concentrate on individual sounds and voices will often be re-learned with practice and it is important to remember the suggestions made earlier to get close, to use good lighting, to use your eyes to help you hear, and to ask for help, and to give suggestions to those around you on how to best help you hear.

Two ears are better than one. No one will argue this point unless we are talking about wearing two hearing aids. Then you wouldn't believe the resistence and the excuses I've heard against this premise. I won't address these arguments directly but it is helpful to describe what the benefits of hearing with two hearing aids are:

- Hearing with both ears will help you function with maximum ability because you can localize sound. Minute differences in the signals transmitted to the brain by each ear enable it to make the important and potentially life saving decisions regarding the exact location of sound. For example, an approaching car.

  When only one ear is functioning, the proper information does not reach the brain. It is necessary to hear sounds from both ears to tell from which direction they are originating.

- Hearing with two ears provides improved capacity to suppress background noise and helps you understand better in noisy places.

  Unequal hearing is a very big disadvantage in noise. Sounds that are heard in both ears are perceived as being louder than the same sound at the same intensity presented to only one ear. This means that a user of two hearing aids can set the volume control of each lower, resulting in more pleasant hearing and less amplification of distracted background noises.

- Wearing two hearing aids also means that you will be capable of responding accurately and competently whether the conversation comes from the right side or the left. This is very important in group situations where there is more than one person speaking or in any situation where people may be

seated on either side of you. Users of two hearing aids report many additional benefits such as more natural sound quality, a relaxation of listening effort, and an improved ability to hear correctly and respond appropriately.

- Even if hearing loss is mild or moderate, wearing two hearing aids will provide valuable and significant improvement over one.

For those who have the most hearing loss, severe to profound hearing loss, hearing aids are often not enough. These individuals may need to develop other communication strategies such as sign language and relying extensively on lipreading and visual cues. Also, technical aids are of great benefit to the severe to profound hearing impaired. Technical aids have been developed over recent years that are a benefit to all hearing impaired. Such things as:

- Amplified hand sets for the telephone
- T.V. captioning
- Infra-red systems to transmit sound
- Loop Systems (such as we have in this room)
- Telephone devices that allow messages to be transmitted and received on the phone by type
- Direct audio-input systems that allow hearing aids to be plugged directly into T.V.s, radios, stereos, and other equipment and also for the use of remote microphones
- Special alarm devices to alert the hearing impaired to sounds such as the phone ringing, a baby crying, smoke alarms, etc. This is achieved by way of turning on a brightly flashing light or a vibro tactile device that the hearing impaired can wear on their wrist.

These are but a few such assistive listening devices.

Before I conclude my talk, I would like to share with you the general recommendations of Health and Welfare Canada's Adult Hearing Impairment Task Force.

I was fortunate to be able to secure a preliminary draft of these recommendations, as this report has not yet been published.

1. Because hearing impairment affects individuals physically, socially and emotionally, the interdisciplinary team approach should be considered from the point of detection onward.

2. Hearing impairment should be considered along with all the other health components in organized programs in both community and institutions.

3. Policies (in institutions) should be established to ensure accessibility of proper equipment for hearing impaired adults.

4. Patient care committees should be established to ensure not only that the medical but the psychosocial components of the problems are addressed.

5. The hospital administrator should be included as a member of the team, at least for part of the planning to enhance his understanding of hearing impairment.

6. Since acquired hearing impairment is now known to be one that is in part preventable, an education program should be undertaken in this regard.

7. Care of the ears should be considered as automatically as care of the eyes and teeth.

8. In planning for the hearing impaired person, family members and other significant people in an individual's life should be enlisted to provide assistance.

9. Listen to the hearing impaired individual; often he will indicate how much needs to be done on his behalf.

It is clear from examining these recommendations that, at last, significant emphasis and importance is being placed on examining the hearing impaired in a more holistic fashion. Planning for the future is necessary to adequately meet the special needs of this important and ever growing segment of our population.

The future is bright as research and development provide us with new insights into hearing loss and with new devices to help those who are hearing impaired.

CONCLUSIONS AND RECOMMENDATIONS

Reverend Mel Findlay
Mr. James MacDonald
Mr. Andrew Hanem
Dr. Harold Shea

Before we list the recommendations which have been suggested by both presenters and audience, we feel that we should congratulate the members of the "Organizing Committee" who gave of their time and talents in preparing for this seminar. Many months were spent in planning for this event; and in communicating with many of those present, we get the impression that this seminar is a first step in seeing that both new and an expansion of present services are urgently required should the hearing impaired community hope to actively participate in everyday living in our community.

We, as a committee, present these recommendations in no specific order of priority but suggest they all require our attention:

1. That the public's perception and awareness of both deafness and hearing impairment be heightened.

2. That the owners of all public buildings including cinemas, churches, halls, etc. be impressed upon to install loops for hearing aid users and that architects, in designing such buildings, include such in their initial plans.

3. That the provincial Department of Health and Fitness be requested to see that private bedside telephones in all hospitals are equipped with amplification; also, that similar requests be made of owners/operators of nursing homes.

4. That mobile clinics be set up to provide services to hearing impaired residents in rural areas as is required.

5. That consideration be given to offering financial aid to seniors who have insufficient means to purchase both hearing aids and technical aids.

6. That T.D.D.s be installed in all emergency centres, i.e. fire stations, police stations, and hospitals, etc.

7. That more training, both social and vocational, be made available to hearing impaired and deaf persons who require such.

8. That more technical aids be made available to the hearing impaired and deaf such as clocks with flashing lights.

9. That generalized "good health" policies be of special concern such as proper fitting of dentures and adjusted hearing aids to the senior so that they can better enjoy their years.

10. That the number of audiologists be increased so that hearing impaired persons requiring such services will not be required to encounter extremely long waits.

11. That Maritime Tel and Tel be asked to establish a relay service for T.D.D. subscribers wishing to speak to other persons who do not have T.D.D. equipment.

12. That a census be carried out so that the numbers of persons who require services and who are hearing impaired or deaf is known throughout Cape Breton Island.

13. That homes for special care be asked to increase accessibility features, such as, T.V. cable decoders, smoke warning detectors which display lights, and that staff be encouraged to learn sign language.

14. That adequate vision tests be available for hearing impaired and deaf seniors who "need their eyes to hear."

15. That we impress upon government that it should be more attentive in listening to the hearing impaired and deaf community in order to improve their quality of life.

The Chairman, Dr. MacKinnon, asked the seminar for a show of hands by those who supported the recommendations. There was a unanimous response.

The Chairman asked whether other recommendations were to be offered from the floor.

There being no response, he turned the meeting back to the seminar chairman, D. Stuart MacLeod, who congratulated all participants for their enthusiasm and interest. He expressed hope the seminar would produce good results for the hearing impaired and deaf citizens of Nova Scotia.

The seminar adjourned.

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APPENDIX D

Objectives of Cape Breton Seniors Seminar for Better Hearing

* **To involve the senior community and persons working in the field of aging in an examination and study of hearing impairment as this disability affects seniors.**

What is your view of the nature and extent of deafness and/or hard of hearing in the province? Where are the persons so affected located? What is their profile in terms of age, income and marital status? How many of these deaf or hard of hearing persons live in the community? How many live in congregate facilities - such as chronic hospitals, nursing homes, homes for the aged, and boarding homes? How many of the hard of hearing have corrective devices? How many use them? If not in use, why and what can be done to correct the situation?

* **To examine ways and means of having the deaf and hard of hearing senior community more actively involved in programs of self help through seniors organizations, clubs and councils.**

What can be done by the Secretariat, the Coordinating Council on Deafness, the senior community, professionals and the general public to foster a better understanding of and appreciation for hearing impairment in seniors? What can be done to counter the tendency of seniors to deny hearing impairment and to create a climate of acceptance of the seriousness of this problem? Having done so, how do we go about promoting programs of self-help?

* **To examine the current level of technology and to consider how technical aids may be used to greater advantage in enhancing the well-being of seniors who are deaf or hard of hearing.**

There would appear to be many problems associated with the use of technical aids and hearing devices and hard of hearing seniors refuse to wear them. What is the nature of the problems being experienced by the hearing impaired? What can the medical profession, audiologists, the technical aids industry and seniors do individually and collectively to foster a greater understanding of and appreciation for the use of technical aids? How can we keep up-to-date on the developments in technical aids? Finally, how can we achieve a more cooperative and helpful relationship between the users and the vendors of technical aids and hearing devices.

* **To assist organizations and individuals concerned with hearing impairment become more visible and achieve a greater degree of public support and citizen involvement in the promotion of improved services for deaf and hard of hearing seniors.**

How do we translate our findings on the nature and extent of the needs/problems of the hearing impaired into a clear, media statement for all concerned? How do we carry this message to all sectors of the community? Who is primarily responsible? How and who should design and develop our service delivery systems for the deaf and hard of hearing seniors given our prime objective is to encourage, foster and support individual, self-help and community initiatives.

APPENDIX E

Program for Cape Breton Seniors Seminar for Better Hearing

September 20-21, 1988
Keddy's Motor Inn
Kings Road
Sydney, Nova Scotia

Funded By: The Senior Citizens' Secretariat, Province of Nova Scotia
and
The New Horizons Program, Health and Welfare Canada

SEPTEMBER 20TH

10:00 a.m.-2:30 p.m.	**Registration**	BETTY SIMPSON of the Committee, and, MICHAEL MERRITT Service Officer Branch 19 Royal Canadian Legion
2:00 p.m.-2:30 p.m.	**Opening Remarks**	VALERIE WHITE Coordinator of the Senior Citizens' Secretariat D. STUART MacLEOD Chairman of the Organizing Committee DR. F.R. MacKINNON Director of the Senior Citizens' Secretariat KEVIN RYAN Regional Manager New Horizons Program Health and Welfare Canada CATHERINE FULLER Superintendent Alexander Graham Bell Museum Baddeck, N.S. DR. DONALD FEWER Dean of Academic and Student Services University College of C.B.
2:30 p.m.-3:15 p.m.	**Needs of and Resources for the Hard of Hearing - An Overview**	
	Chairperson	MICHAEL MERRITT Royal Canadian Legion

	Speaker	MRS. MAUREEN SCOTT Audiologist N.S. Hearing and Speech Clinic Sydney Mines
3:15 p.m.-3:30 p.m.	**Nutrition Break, Exhibits and Displays**	
3:30 p.m.-4:15 p.m.	**Needs of and Resources for the Deaf**	
	Chairperson	ANNE MacRAE Past President Coordinating Council of Deafness in Nova Scotia (CCDNS)
	Speaker	ELIZABETH DOULL Deaf Social Worker
4:15 p.m.-5:00 p.m.	**Survey of the Needs of Hearing Impaired in Homes for Special Care**	
	Chairperson	MRS. ALFREDA HAYES Member, Action Council of Seniors of Cape Breton
	Speaker	DAN MUNROE Administrator Seaview Manor Glace Bay
6:30 p.m.-7:00 p.m.	**Cocktail Hour and Entertainment by Mary Snow**	
7:00 p.m.	**Seminar Banquet**	
	Chairperson	STUART MacLEOD
	Invocation	ARCHDEACON W.S. SMITH
	Speaker	F.R. MacKINNON Director Senior Citizens' Secretariat
	Appreciation	CARL ARNOLD

SEPTEMBER 21ST

9:00 a.m.-10:30 a.m.	**Hearing Impairment and the Senior Citizen**	
	Chairperson	STEWART MATHESON Tenant Relations Manager C.B.R.H.A.

	Introduction by	DR. HAROLD SHEA Senior Liaison Officer Senior Citizens' Secretariat
	Keynote Speaker	DR. JOHN "TINK" KYTE
10:30 a.m.-11:00 a.m.	**Nutrition Break, Exhibits and Displays**	
11:00 a.m.-12:00 p.m.	**Users and Vendors - Where Do We Go From Here? Costs of Aids - M.S.I.?**	
	Chairperson	VICTOR COFFIN Seminar Committee Member
	Speaker	COADY MARSH Licensed Hearing Aid Dispenser
	Audiologist	ODILIA MacDONALD N.S. Hearing and Speech Clinic Glace Bay
	Hearing Aid Consumer	MICHAEL MERRITT Service Officer Royal Canadian Legion
12:00 p.m.- 1:30 p.m.	**Lunch**	
1:30 p.m.- 3:00 p.m.	**So You are Hearing Impaired**	
	Chairperson	BETTY SIMPSON of the Committee
	Speaker	DAVID MOFFATT Audiologist N.S. Hearing and Speech Clinic Sydney
3:00 p.m.- 3:30 p.m.	**Nutrition Break, Exhibits and Displays**	
3:30 p.m.- 4:15 p.m.	**Conclusions and Recommendations**	
	General Chairperson	DR. F.R. MacKINNON Director Senior Citizens' Secretariat
4:15 p.m.- 5:00 p.m.	**Seminar Summary**	
	Seminar Close Chairperson	D. STUART MacLEOD Chairman of the Organizing Committee

APPENDIX F

List of Reference Materials

1. AGING AND HEARING LOSS: SOME COMMONLY ASKED QUESTIONS by William McFarland, Ph.D. and B. Patrick Cox, Ph.D.
2. DEAF PEOPLE ARE PEOPLE FIRST by Metro Service for the Deaf.
3. COPING WITH HEARING LOSS
4. DO YOU HEAR WHAT I AM SAYING?
5. TIPS ON ONE-TO-ONE COMMUNICATION WITH A DEAF PERSON
6. COURTESY TO THE HARD OF HEARING
7. HEARING LOSS - INFORMATION FOR PROFESSIONALS IN THE AGING NETWORK by Peggy S. Williams, Ph.D.
8. HEALTH CARE DELIVERY FOR DEAF PATIENTS: THE PROVIDER'S ROLE by Loraine J. DiPietro, Connie H. Knight and Jeffrey S. Sams.
9. WHAT IF YOUR PATIENT IS ALSO DEAF?
10. METRO SERVICE FOR THE DEAF - NEWSLETTER THREE
11. SIGN LANGUAGE
12. LIP READING - IS IT FOR ME? by the Canadian Hearing Society
13. FINGER SPELLING
14. NOISE
15. RESOURCES - HEARING IMPAIRMENT by Halifax City Regional Library.